

Plumbing Contractor Change in Master Representation

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Michigan Department of Consumer & Industry Services
Bureau of Construction Codes & Fire Safety
Plumbing Division
P.O. Box 30255
Lansing, MI 48909
517/241-9330

Fee: \$20.00

Authority: 2002 PA 733 Completion: Mandatory Penalty: Licensee may not receive license renewal application	The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Instructions

- Section 21(6) states, "If a plumbing contractor is represented by a licensed master plumber who ceases to represent the plumbing contractor, the plumbing contractor has 30 days thereafter in which to designate another licensed master plumber as the representative of the plumbing contractor. The plumbing contractor shall notify the department in writing of the change."
- The provisions of 2002 PA 733 states, "An individual licensed under this act employed or acting as a plumbing inspector shall not engage in, or be directly or indirectly connected with, the plumbing business including, but not limited to, the furnishing of labor, materials, or appliances for the construction, alteration, or maintenance of a building or the preparation of plans or specifications for the construction, alteration, or maintenance of a building and shall not engage in any work that conflicts with his or her official duties."
- Complete application. **Type or print in ink.**
- Return your current pocket and wall license with this application and enclose a check or money order made payable to the **State of Michigan** for \$20.00.
- Mail completed application, required documents, and fee to the address listed above.

Plumbing Contractor Information

NAME			LICENSE NUMBER
BUSINESS ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	COUNTY

Previous Master Plumber Representation

NAME			LICENSE NUMBER
HOME ADDRESS			TOWNSHIP
CITY	STATE	ZIP CODE	COUNTY

Current Master Plumber Representation

NAME			LICENSE NUMBER
HOME ADDRESS			TOWNSHIP
CITY	STATE	ZIP CODE	COUNTY

Certification

I hereby certify that the above information is true and accurate to the best of my knowledge.	
SIGNATURE OF PLUMBING CONTRACTOR	DATE